FOR OHF USE

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2004
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2004)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0044354

Facility Name: Resurrection Life Center

Address: 7370 West Talcott (Number) Chicago (City) 60631 (Zip Code)

County: Cook

Telephone Number: (773) 594-7400 **Fax #** (773) 594-7402

IDPA ID Number: 362235165002

Date of Initial License for Current Owners: 02/02/1998

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code 501(c)(3)			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Christine A. Hanover **Telephone Number:** (312) 634-4581
Please send copies of desk review and audit adjustments to address on this page

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 07/01/2003 to 06/30/2004 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) SEE ACCOUNTANTS' COMPILATION REPORT (Date)
(Print Name and Title) _____
(Firm Name & Address) Altschuler, Melvoin and Glasser LLP, One South Wacker Drive, Suite 800, Chicago, IL 60606
(Telephone) (312) 384-6000 Fax # (312) 634-5518

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Life Center # 0044354 Report Period Beginning: 07/01/2003 Ending: 06/30/2004

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	83	Skilled (SNF)	83	30,378	1
2		Skilled Pediatric (SNF/PED)			2
3	34	Intermediate (ICF)	34	12,444	3
4		Intermediate/DD			4
5	42	Sheltered Care (SC)	42	15,372	5
6		ICF/DD 16 or Less			6
7	159	TOTALS	159	58,194	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	14,029	11,991	3,591	29,611	8
9	SNF/PED					9
10	ICF	8,826	3,486	4	12,316	10
11	ICF/DD					11
12	SC	95	14,992		15,087	12
13	DD 16 OR LESS					13
14	TOTALS	22,950	30,469	3,595	57,014	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 97.97%

D. How many bed-hold days during this year were paid by Public Aid?
209 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X] Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 03/26/1998

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 19 and days of care provided 2,765

Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 6/30/2004 Fiscal Year: 6/30/2004

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Life Center # 0044354 **Report Period Beginning:** 07/01/2003 **Ending:** 06/30/2004

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7**	8	9	10	
1	Dietary	377,929	34,889	144	412,962		412,962		412,962			1
2	Food Purchase		345,966		345,966		345,966	(1,949)	344,017			2
3	Housekeeping	219,634	22,111		241,745		241,745		241,745			3
4	Laundry	68,344	211,786	41	280,171		280,171	(58,375)	221,796			4
5	Heat and Other Utilities			136,047	136,047		136,047		136,047			5
6	Maintenance	58,147	16,578	106,442	181,167		181,167		181,167			6
7	Other (specify):*											7
8	**TOTAL General Services**	724,054	631,330	242,674	1,598,058		1,598,058	(60,324)	1,537,734			8
	B. Health Care and Programs											
9	Medical Director			10,500	10,500		10,500		10,500			9
10	Nursing and Medical Records	2,788,906	86,504	10,895	2,886,305		2,886,305	6,724	2,893,029			10
10a	Therapy	77,108	5,567	311	82,986		82,986		82,986			10a
11	Activities	198,622	5,826	11,089	215,537		215,537		215,537			11
12	Social Services	117,095	742	785	118,622		118,622		118,622			12
13	Nurse Aide Training											13
14	Program Transportation			51	51		51		51			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	3,181,731	98,639	33,631	3,314,001		3,314,001	6,724	3,320,725			16
	C. General Administration											
17	Administrative	96,253		616,443	712,696		712,696	(616,443)	96,253			17
18	Directors Fees											18
19	Professional Services			2,379	2,379		2,379		2,379			19
20	Dues, Fees, Subscriptions & Promotions			6,667	6,667		6,667		6,667			20
21	Clerical & General Office Expenses	91,131	22,744	6,865	120,740		120,740	400,708	521,448			21
22	Employee Benefits & Payroll Taxes			1,351,048	1,351,048		1,351,048	45,186	1,396,234			22
23	Inservice Training & Education											23
24	Travel and Seminar			4,845	4,845		4,845		4,845			24
25	Other Admin. Staff Transportation			1,880	1,880		1,880		1,880			25
26	Insurance-Prop.Liab.Malpractice			160,146	160,146		160,146		160,146			26
27	Other (specify):*											27
28	**TOTAL General Administration**	187,384	22,744	2,150,273	2,360,401		2,360,401	(170,549)	2,189,852			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	4,093,169	752,713	2,426,578	7,272,460		7,272,460	(224,149)	7,048,311			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.** SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Resurrection Life Center #0044354 Report Period Beginning: 07/01/2003 Ending: 06/30/2004

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	D. Ownership											
30	Depreciation			714,852	714,852		714,852	53,372	768,224			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			20,069	20,069		20,069		20,069			35
36	Other (specify):*											36
37	**TOTAL Ownership**			734,921	734,921		734,921	53,372	788,293			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		765,995		765,995		765,995		765,995			39
40	Barber and Beauty Shops			43,866	43,866		43,866		43,866			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			64,234	64,234		64,234		64,234			42
43	Other (specify):* Nonallowable Costs											43
44	**TOTAL Special Cost Centers**		765,995	108,100	874,095		874,095		874,095			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,093,169	1,518,708	3,269,599	8,881,476		8,881,476	(170,777)	8,710,699			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

****See schedule of adjustments attached at end of cost report.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Life Center # 0044354 Report Period Beginning: 07/01/2003 Ending: 06/30/2004

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(165)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients	(58,375)	4		8
9	Non-Straightline Depreciation	825	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See attached pg 5A	(897)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (58,612)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(112,165)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (112,165)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (170,777)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Resurrection Life Center

ID# 0044354

Report Period Beginning: 07/01/2003

Ending: 06/30/2004

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Offset vending income	$ (897)	2	1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(897)		49

SEE ACCOUNTANTS' COMPILATION REPORT

Resurrection Life Center
Provider #: 0044354
07/01/2003 to 06/30/2004 **Schedule 5A**

VI. Adjustment Detail
Line 29 - Other

Non-allowable expenses	Amount	Reference

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS — Summary A

Facility Name & ID Number Resurrection Life Center # 0044354 **Report Period Beginning:** 07/01/2003 **Ending:** 06/30/2004

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,062)	0	0	0	0	0	0	0	0	0	0	(1,062)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	(58,375)	0	0	0	0	0	0	0	0	0	0	(58,375)	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(59,437)	0	0	0	0	0	0	0	0	0	0	(59,437)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	6,724	0	0	0	0	0	0	0	0	0	6,724	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	6,724	0	0	0	0	0	0	0	0	0	6,724	16
	C. General Administration													
17	Administrative	0	(616,443)	0	0	0	0	0	0	0	0	0	(616,443)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	0	400,708	0	0	0	0	0	0	0	0	0	400,708	21
22	Employee Benefits & Payroll Taxes	0	44,299	0	0	0	0	0	0	0	0	0	44,299	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	0	(171,436)	0	0	0	0	0	0	0	0	0	(171,436)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(59,437)	(164,712)	0	0	0	0	0	0	0	0	0	(224,149)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Resurrection Life Center # 0044354 **Report Period Beginning:** 07/01/2003 **Ending:** 06/30/2004

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	825	52,547	0	0	0	0	0	0	0	0	0	53,372	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	825	52,547	0	0	0	0	0	0	0	0	0	53,372	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(58,612)	(112,165)	0	0	0	0	0	0	0	0	0	(170,777)	45

Facility Name & ID Number Resurrection Life Center # 0044354 Report Period Beginning: 07/01/2003 Ending: 06/30/2004

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Resurrection Health Care	100	See attached				

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	10	Nursing supplies	$	Resurrection Health Care	100.00%	$ 6,724	$ 6,724	1
2	V	21	Clerical & data processing		Resurrection Health Care	100.00%	193,769	193,769	2
3	V	21	Other administrative & general		Resurrection Health Care	100.00%	206,939	206,939	3
4	V	22	Employee benefits		Resurrection Health Care	100.00%	44,299	44,299	4
5	V	30	Depreciation		Resurrection Health Care	100.00%	52,547	52,547	5
6	V	17	Intercompany expenses	616,443	Resurrection Health Care	100.00%		(616,443)	6
7	V	39	Intercompany pharmacy	757,201	Resurrection Health Care	100.00%	757,201		7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 1,373,644			$ 1,261,479	$ * (112,165)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Life Center # 0044354 Report Period Beginning: 07/01/2003 Ending: 06/30/2004

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									$		1
2	See attached pg 7A										2
3											3
4											4
5											5
6											6
7											7
8	Sister Elizabeth Tremczynski	Director	Board of Directors	0.00	111,240						8
9	*Sister Elizabeth is also listed on the attached Board of Directors listing.										9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Resurrection Life Center # 0044354 Report Period Beginning: 07/01/2003 Ending: 6/30/2004

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Resurrection Health Care/Med. Center
Street Address: 7435 W. Talcott
City / State / Zip Code: Chicago, IL 60631
Phone Number: (773)774-8000
Fax Number: (773) 594-7488

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	10	Nursing supplies				$	$		$ 6,724	1
2	21	Clerical & data processing							193,769	2
3	21	Other administrative & general							206,939	3
4	22	Employee benefits							44,299	4
5	30	Depreciation							52,547	5
6	39	Intercompany pharmacy							757,201	6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$ 1,261,479	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Life Center # 0044354 Report Period Beginning: 07/01/2003 Ending: 06/30/2004

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2	N/A											2
3												3
4												4
5												5
	Working Capital											
6												6
7	N/A											7
8												8
9	TOTAL Facility Related						$	$			$	9
	B. Non-Facility Related*											
10	N/A											10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$	$			$	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ N/A Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Resurrection Life Center # 0044354 Report Period Beginning: 07/01/2003 Ending: 06/30/2004

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2003 report. *Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	2
3. Under or (over) accrual (line 2 minus line 1).	$	3
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)	$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**	$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
1999		8
2000		9
2001		10
2002		11
2003	N/A	12

Facility is a not-for-profit and does not pay real estate taxes.

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2003	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Resurrection Life Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0044354

CONTACT PERSON REGARDING THIS REPORT Lou Fragoso

TELEPHONE (773)594-8556 FAX #: (773)594-8567

A. **Summary of Real Estate Tax Cos**

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 200

	(A) Tax Index Numbe	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.		N/A	$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? _____ YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. **Tax Bills**

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 200 tax bill which is normally paid during 2004

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Life Center # 0044354 Report Period Beginning: 07/01/2003 Ending: 06/30/2004

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 81,000 B. General Construction Type: Exterior Brick/Concrete Frame Steel Number of Stories 2

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	281,860	1996	$ 3,600,000	1
2					2
3	TOTALS	281,860		$ 3,600,000	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Life Center # 0044354 Report Period Beginning: 07/01/2003 Ending: 06/30/2004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	159			1998	$ 11,711,085	$ 626,575	Various	$ 626,575	$	$ 4,047,653	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Window for chapel			1998	16,500	1,650	10	1,650		9,075	9
10	Interior sign system			1998	1,898	190	10	190		1,045	10
11	Modify nurse call system			1998	4,692	313	15	313		1,721	11
12	Install water softener			1998	2,325	233	10	233		1,281	12
13	Exterior directional illuminated sign			1999	15,825	1,583	10	1,583		8,704	13
14	Exterior main illuminated sign			1999	12,265	1,227	10	1,227		6,748	14
15	Five foot fence and gate			1999	7,974	532	15	532		2,925	15
16	Spacesaver medical records system			1999	12,661	1,266	10	1,266		6,963	16
17	Electrical work-kitchen door holders			1999	900	60	15	60		330	17
18	Replacement flooring shower and tub rooms			1999	8,037	536	15	536		2,958	18
19	Electric water heater			1999	2,570	257	10	257		1,414	19
20	Work on second floor			2000	3,144	157	20	157		785	20
21	Digital access control system			2000	3,252	163	20	163		815	21
22	Electrical work - kitchen door holders			2000	2,165	108	20	108		540	22
23	Architect fees			2000	3,145	105	30	105		525	23
24	Site lighting			2000	7,686	256	30	256		1,280	24
25	Site lighting			2000	14,947	498	30	498		2,490	25
26	Electrical work - Chapel			2000	1,354	45	30	45		225	26
27	Front entrance canopy			2000	60,000	2,000	30	2,000		10,000	27
28	Laundry plumbing and piping			2000	16,600	553	30	553		2,765	28
29	Construction work			2000	10,110	337	30	337		1,685	29
30	Flooring			2000	600	40	15	40		180	30
31	Flooring			2000	625	42	15	42		189	31
32	Raceway for signs			2000	1,504	75	20	75		338	32
33	Rubrail			2000	903	45	20	45		203	33
34	Rubrail			2000	875	44	20	44		198	34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name & ID Number Resurrection Life Center # 0044354 Report Period Beginning: 07/01/2003 Ending: 06/30/2004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Assets reclassed from equipment to improvements		$	$		$	$	$	37
38	Message waiting line cards	1998	2,919	291	5	291		2,919	38
39	Closed circuit monitoring system	1998	17,882	1,787	5	1,787		17,882	39
40	Security system equipment	1998	9,790	653	15	653		4,243	40
41	Message waiting line	1998	16,200	1,620	5	1,620		16,200	41
42	Custom work counter	1998	1,657	110	15	110		716	42
43	Sharpen prep sink	1998	2,392	159	15	159		1,035	43
44	Walk-in refrigerator freezer	1998	40,774	4,077	10	4,077		26,502	44
45	Custom wall panel	1998	7,272	727	10	727		4,726	45
46	Three compartment sink	1998	3,248	217	15	217		1,409	46
47	Fire protection system	1998	3,887	389	10	389		2,527	47
48	Wall guards	1999	2,596	519	5	519		2,596	48
49									49
50	Electrical installation	2001	3,681	184	20	184		736	50
51	Parking lot light fixtures	2001	421	21	20	21		84	51
52	Exit signs	2001	1,510	76	20	76		304	52
53	Nurse call box	2001	1,796	90	20	90		360	53
54	Time recorder system R&M	2001	5,363		20	268	268	1,072	54
55	Time recorder system R&M	2001	1,204		20	60	60	240	55
56	Water line R&M	2001	522		20	26	26	104	56
57	Chiller fuses R&M	2001	1,546		20	77	77	231	57
58	Disposal R&M	2001	571		20	29	29	87	58
59	Hot water tank R&M	2001	1,048		20	52	52	156	59
60	Cobbles R&M	2001	2,794		20	140	140	420	60
61	Door alarms R&M	2001	705		20	35	35	105	61
62	Exhaust R&M	2001	1,175		20	59	59	177	62
63	Disposal R&M	2001	1,412		20	70	70	211	63
64	Nurse call master	2001	1,595	80	20	80		240	64
65	Drywall/soffit	2001	2,874	144	20	144		432	65
66	Information system module	2001	18,330	914	20	914		2,748	66
67	Information system module	2001	1,050	53	20	53		159	67
68	Concrete sections	2002	2,923	146	20	146		438	68
69	Floor	2001	2,410	121	20	121		363	69
70	TOTAL (lines 4 thru 69)		$ 12,085,189	$ 651,268		$ 652,084	$ 816	$ 4,202,457	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Resurrection Life Center # 0044354 Report Period Beginning: 07/01/2003 Ending: 06/30/2004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 12,085,189	$ 651,268		$ 652,084	$ 816	$ 4,202,457	1
2	Code alarm system	2003	3,109	155	10	155		155	2
3	Boiler repairs	2003	5,230	262	10	262		262	3
4	VCT sanitary sewer	2003	19,635	655	15	655		655	4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32	Management allocation					52,547	52,547		32
33									33
34	TOTAL (lines 1 thru 33)		$ 12,113,163	$ 652,340		$ 705,703	$ 53,363	$ 4,203,529	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Resurrection Life Center # 0044354 Report Period Beginning: 07/01/2003 Ending: 06/30/2004

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 996,844	$ 62,133	$ 62,133	$	10	$ 589,540	71
72	Current Year Purchases	7,754	379	388	9	10	388	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 1,004,598	$ 62,512	$ 62,521	$ 9		$ 589,928	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	76
77	N/A									77
78										78
79										79
80	TOTALS			$	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 16,717,761	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 714,852	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 768,224	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 53,372	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 4,793,457	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87	N/A				87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Resurrection Life Center # 0044354 Report Period Beginning: 07/01/2003 Ending: 06/30/2004

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		N/A		$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34. N/A
This amount was calculated by dividing the total amount to be amortized N/A
by the length of the lease N/A .

9. Option to Buy: ☐ YES ☐ NO Terms: N/A *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2005	$
13.	/2006	$
14.	/2007	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO

16. Rental Amount for movable equipment: $ 20,069 Description: See Attached Schedule 14A
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18			N/A		18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Resurrection Life Center
Provider #: 0044354
07/01/2003 to 06/30/2004 Schedule 14A

Schedule of Rental Equipment

Description	Amount
Copier	6,409
Bed	8,253
Dual Channel	2,515
Portable X-ray	2,139
Knife	528
Dietary equipment	225
	20,069

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Life Center # 0044354 Report Period Beginning: 07/01/2003 Ending: 06/30/2004

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   [ ] YES
   [X] NO

It is the policy of this facility to only hire certified nurses aides.

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10A (1,2)	620 hrs	$ 18,589		$	$ 630	620	$ 19,219	1
2	Licensed Speech and Language Development Therapist	10A (2,3)	hrs		21	311	4,385	21	4,696	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A (1,2)	1951 hrs	58,519			552	1,951	59,071	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 (2)	# of prescrpts				757,301		757,301	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): DME - Oxygen	39 (2)					8,694		8,694	13
14	TOTAL			$ 77,108	21	$ 311	$ 771,562	2,592	$ 848,981	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Resurrection Life Center
Provider #: 0044354
07/01/2003 to 06/30/2004 **Schedule 16A**

XIV. Special Services
Line 13 Other (specify):

Service	Line Reference	Outside Practioner Units	Cost	Supplies

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Life Center # 0044354 Report Period Beginning: 07/01/2003 Ending: 06/30/2004

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 06/30/2004 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 114,819	$ 114,819	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 297,748)	643,147	643,147	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,003	3,003	6
7	Other Prepaid Expenses	3,791	3,791	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 764,760	$ 764,760	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	3,600,000	3,600,000	13
14	Buildings, at Historical Cost	11,750,349	11,711,085	14
15	Leasehold Improvements, at Historical Cost	201,721	402,078	15
16	Equipment, at Historical Cost	1,165,691	1,004,598	16
17	Accumulated Depreciation (book methods)	(4,793,457)	(4,793,457)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 11,924,304	$ 11,924,304	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 12,689,064	$ 12,689,064	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 29,842	$ 29,842	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Due to related parties	3,548,229	3,548,229	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,578,071	$ 3,578,071	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,578,071	$ 3,578,071	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 9,110,993	$ 9,110,993	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 12,689,064	$ 12,689,064	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Resurrection Life Center
Provider #: 0044354
07/01/2003 to 06/30/2004 **Schedule 17A**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Life Center # 0044354 Report Period Beginning: 07/01/2003 Ending: 06/30/2004

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 8,851,370	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 8,851,370	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	259,623	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 259,623	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 9,110,993	24 *

Operating Entity Only

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Life Center # 0044354 Report Period Beginning: 07/01/2003 Ending: 06/30/2004

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 10,447,079	1
2	Discounts and Allowances for all Levels	(3,003,662)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 7,443,417	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	438,407	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 438,407	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	64,689	13
14	Non-Patient Meals	1,942	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	906,946	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	82,598	21
22	Laundry	58,375	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,114,550	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	143,828	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 143,828	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	Vending Income	897	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 897	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 9,141,099	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,598,058	31
32	Health Care	3,314,001	32
33	General Administration	2,360,401	33
	B. Capital Expense		
34	Ownership	734,921	34
	C. Ancillary Expense		
35	Special Cost Centers	809,861	35
36	Provider Participation Fee	64,234	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 8,881,476	40
41	**Income before Income Taxes (line 30 minus line 40)****	259,623	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 259,623	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.** **SEE ACCOUNTANTS' COMPILATION REPORT**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Resurrection Life Center # 0044354 Report Period Beginning: 07/01/2003 Ending: 06/30/2004

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,800	2,080	$ 71,236	$ 34.25	1
2	Assistant Director of Nursing					2
3	Registered Nurses	41,485	46,337	1,343,915	29.00	3
4	Licensed Practical Nurses	3,604	3,922	76,369	19.47	4
5	Nurse Aides & Orderlies	90,796	99,328	1,208,816	12.17	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	2,451	2,588	77,108	29.79	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,924	2,080	35,405	17.02	9
10	Activity Assistants	10,671	11,939	163,217	13.67	10
11	Social Service Workers	4,728	5,208	117,095	22.48	11
12	Dietician	1,810	1,966	33,298	16.94	12
13	Food Service Supervisor	2,209	2,529	45,901	18.15	13
14	Head Cook	6,265	6,913	99,258	14.36	14
15	Cook Helpers/Assistants	20,640	22,199	199,472	8.99	15
16	Dishwashers					16
17	Maintenance Workers	3,840	4,052	58,147	14.35	17
18	Housekeepers	20,432	22,834	219,634	9.62	18
19	Laundry	5,433	5,845	68,344	11.69	19
20	Administrator	1,876	2,080	96,253	46.28	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,190	6,789	91,131	13.42	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,059	2,289	38,856	16.98	31
32	Other Health Ca See Sch 20A	1,855	2,132	49,714	23.32	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	230,068	253,110	$ 4,093,169 *	$ 16.17	34

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	Monthly	10,500	9 (3)	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 10,500		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses	N/A			51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Resurrection Nursing Center
Provider #: 0044362
07/01/2003 to 06/30/2004 **Schedule 20A**

Supplemental Schedule of Staffing & Salary Costs

Other Health Care

Description	Hours Worked	Hours Paid	Amount	Average Hourly Wage
Care Plan Coordinator	1,762	2,039	47,450	23.27
Audiologist	93	93	2,264	24.34
Total	1,855	2,132	49,714	23.32

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Life Center # 0044354 Report Period Beginning: 07/01/2003 Ending: 06/30/2004

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
			$
Frances Lachowicz	Administrator	0%	96,253
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 96,253

B. Administrative - Other

Description	Amount
Management company	$ 616,443
(Total adjusted out in column 7)	
TOTAL (agree to Schedule V, line 17, col. 3)	$ 616,443
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Seyfarth Shaw PC	Legal	$ 1,444
Diversified Health Resources	Consulting	585
Frost, Ruttenberg & Rothblatt PC	Consulting	150
Elaton, Inc.	Consulting	200
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 2,379

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 42,316
Unemployment Compensation Insurance	11,344
FICA Taxes	288,936
Employee Health Insurance	764,852
Employee Meals	887
Illinois Municipal Retirement Fund (IMRF)*	
Employee Retirement	200,086
Group Life/Disability Insurance	30,385
Group Vision Plan	398
Employee Assistance & Adoption	3,082
Pre-employment testing	4,991
Tuition Reimbursement	4,658
Management Allocation	44,299
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,396,234

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
N/A		
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed)	
Life Services Network	4,615
City of Chicago Dept of Revenue	1,000
Other Dues	200
Other Subscriptions	852
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 6,667

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	4,845
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,845

* Attach copy of IMRF notifications

**See instructions.

Resurrection Life Center
Provider #: 0044354
07/01/2003 to 06/30/2004 **Schedule 21A**

XIX. SUPPORT SCHEDULE
C. Professional Services

Total (agree to Schedule V, line 19, column 3)	0
Allocated from Management Company	
Total (agree to Schedule V, line 19, column 8)	0

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Life Center # 0044354 Report Period Beginning: 07/01/2003 Ending: 06/30/2004

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4						N/A							
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Life Center # 0044354 **Report Period Beginning:** 07/01/2003 **Ending:** 06/30/2004

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **LSN - $4,615**

(3) Did the nursing home make political contributions or payments to a politica action organization? **No** If YES, have these costs been properly adjusted out of the cost report?

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **64,234**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **887** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **165**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **3%**
d. Have vehicle usage logs been maintained? **Adequate records are maintained**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **KPMG Peat Marwick** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **No** If no, please explain. **Audit not yet complete**

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **N/A**
Attach invoices and a summary of services for all architect and appraisal fees.

	Salaries	Supplies	Other	Total	Reclass-ifications	Reclassified Total	Adjustments	Adjusted Total
1. Dietary	377,929	34,889	144	412,962	0	412,962	0	412,962
2. Food Purchase	0	345,966	0	345,966	0	345,966	-1,949	344,017
3. Housekeeping	219,634	22,111	0	241,745	0	241,745	0	241,745
4. Laundry	68,344	211,786	41	280,171	0	280,171	-58,375	221,796
5. Heat and Other Utilities	0	0	136,047	136,047	0	136,047	0	136,047
6. Maintenance	58,147	16,578	106,442	181,167	0	181,167	0	181,167
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	724,054	631,330	242,674	1,598,058	0	1,598,058	-60,324	1,537,734
9. Medical Director	0	0	10,500	10,500	0	10,500	0	10,500
10. Nursing & Medical Records	2,788,906	86,504	10,895	2,886,305	0	2,886,305	6,724	2,893,029
10a. Therapy	77,108	5,567	311	82,986	0	82,986	0	82,986
11. Activities	198,622	5,826	11,089	215,537	0	215,537	0	215,537
12. Social Services	117,095	742	785	118,622	0	118,622	0	118,622
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	51	51	0	51	0	51
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	3,181,731	98,639	33,631	3,314,001	0	3,314,001	6,724	3,320,725
17. Administrative	96,253	0	616,443	712,696	0	712,696	-616,443	96,253
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	2,379	2,379	0	2,379	0	2,379
20. Fees, Subscriptions & Promotion	0	0	6,667	6,667	0	6,667	0	6,667
21. Clerical & General Office	91,131	22,744	6,865	120,740	0	120,740	400,708	521,448
22. Employee Benefits & Payroll	0	0	1,351,048	1,351,048	0	1,351,048	45,186	1,396,234
23. Inservice Training & Education	0	0	0	0	0	0	0	0
24. Travel and Seminar	0	0	4,845	4,845	0	4,845	0	4,845
25. Other Admin. Staff Trans	0	0	1,880	1,880	0	1,880	0	1,880
26. Insurance-Prop.Liab.Malpractice	0	0	160,146	160,146	0	160,146	0	160,146
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	187,384	22,744	2,150,273	2,360,401	0	2,360,401	-170,549	2,189,852
29. Total General Administrative	4,093,169	752,713	2,426,578	7,272,460	0	7,272,460	-224,149	7,048,311
30. Depreciation	0	0	714,852	714,852	0	714,852	53,372	768,224
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	0	0	0	0	0	0
33. Real Estate	0	0	0	0	0	0	0	0
34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	20,069	20,069	0	20,069	0	20,069
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	734,921	734,921	0	734,921	53,372	788,293
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	765,995	0	765,995	0	765,995	0	765,995
40. Barber and Beauty Shop	0	0	43,866	43,866	0	43,866	0	43,866
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	64,234	64,234	0	64,234	0	64,234
43. Other (specify):*	0	0	0	0	0	0	0	0
44. Total Special Cost Ce	0	765,995	108,100	874,095	0	874,095	0	874,095
45. Grand Total	4,093,169	1,518,708	3,269,599	8,881,476	0	8,881,476	-170,777	8,710,699

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	114,819	114,819
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	643,147	643,147
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	3,003	3,003
7. Other Prepaid Expenses	3,791	3,791
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	0
10. Total current assets	764,760	764,760
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	3,600,000	3,600,000
14. Buildings, at Historical Cost	########	11,711,085
15. Leasehold Improvements, Historical Cost	201,721	402,078
16. Equipment, at Historical Cost	1,165,691	1,004,598
17. Accumulated Depreciation (book methods)	-4,793,457	-4,793,457
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	########	11,924,304
25. Total Assets	########	12,689,064
CURRENT LIABILITIES		
26. Accounts Payable	29,842	29,842
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	0	0
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	0
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	3,548,229	3,548,229
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	3,578,071	3,578,071
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	0
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	0	0
46.Total Liabilities	3,578,071	3,578,071
47.Total Equity	9,110,993	9,110,993
48.Total Liabilities and Equity	########	12,689,064

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	10,447,079
2. Discounts and Allowances for all Levels	-3,003,662
Subtotal - Inpatient Care	7,443,417
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	438,407
7. Oxygen	0
Subtotal - Anciliary Revenue	438,407
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	64,689
14. Non-Patient Meals	1,942
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	906,946
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiologyand X-Ray	0
21. Other Medical Services	82,598
22. Laundry	58,375
Subtotal - Other Operating Revenue	1,114,550
24. Contributions	0
25. Interest and Other Investments Income	143,828
Subtotal - Non-Operating Revenue	143,828
27. Other Revenue (specify):	0
28. Other Revenue (specify):	897
Subtotal - Other Revenue	897
30. Total Revenue	9,141,099
31. General Services	1,598,058
32. Health Care	3,314,001
33. General Administration	2,360,401
34. Ownership	734,921
35. Special Cost Centers	809,861
35. Provider Participation Fee	64,234
37. Other	0
40. Total Expenses	8,881,476
41. Income Before Income Taxes	259,623
42. Income Taxes	0
43. Net Income or Loss for the Year	259,623

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